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CONFIRMATION NO. 9209

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|--|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/774,742 | FILING OR 371(c) DATE 02/09/2004 RULE | CLASS 607 | GROUP ART UNIT 3766 | ATTORNEY DOCKET NO. 15181.027 | |
| APPLICANTS Ashley M. Classen, Keller, TX; Mark Revenaugh, Oregon City, OR; | | | | | |
| ** CONTINUING DATA ***** <i>EB</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>EB</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/07/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Examiner's Signature</i> <i>EB</i> Acknowledged <i>Initials</i> | | STATE OR COUNTRY TX | SHEETS DRAWING 7 | TOTAL CLAIMS 70 | INDEPENDENT CLAIMS 3 |
| ADDRESS 42922 | | | | | |
| TITLE Method and apparatus for veterinary RF pain management | | | | | |
| FILING FEE RECEIVED 835 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |